

## Indiana Health Coverage Programs (IHCP) Best Practices: Nonpharmacy Prior Authorization

To make prior authorization (PA) for Indiana Health Coverage Programs (IHCP) services go as smoothly as possible, here are some helpful hints for both electronic and paper PA requests.

*Note: These tips apply to **fee-for-service, nonpharmacy PA requests**. Contact the managed care entities (MCEs) for information specific to their PA processes. For information about pharmacy PA, contact the appropriate pharmacy benefit manager. See the [IHCP Quick Reference Guide](#) for contact information.*

### General Tips

The following tips apply for both electronic and paper PA requests:

- Save time and avoid submitting unnecessary requests by first checking the IHCP Professional or Outpatient Fee Schedule to confirm whether PA is required for each of the procedure codes. You will find easy access to the Fee Schedules from the Search Fee Schedule link on the home page of the IHCP Provider Healthcare Portal (Portal) or from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).
- Remember that International Classification of Diseases (ICD) diagnosis codes are often required on the PA request and are always helpful to include.
- Providers should verify that their mail-to addresses on file are correct to ensure that PA letters are mailed to the appropriate location. Registered providers may verify and update their mail-to addresses via the Portal. Providers can also verify their mail-to address by calling Customer Assistance at 1-800-457-4584 (select option 2 and then option 3).
- Remember to verify member eligibility to ensure that the PA request is submitted to the correct vendor for review. (Note that certain services are carved out of managed care, as indicated in the [Member Eligibility and Benefit Coverage](#) module, and any PA requests for these services should be submitted to the fee-for-service PA vendor.) PA requests sent to the wrong vendor are rejected. See the [IHCP Quick Reference Guide](#) to find PA contact information for fee-for-service and managed care programs.
- Medical clearance forms and certifications of medical necessity are located on the [Forms](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Remember to complete and attach these forms, as applicable, for easier processing.
- When a PA request is suspended for additional information, be sure to submit the additional documentation within 30 days to avoid an automatic system denial.
- Remember to write “Retro Request” and the reason for the retroactive request on any PA request for past dates of service. Include this information in a message for the electronic PA requests. Otherwise, the PA request will be modified to the date of service received. See the [Prior Authorization](#) provider reference module on the [IHCP Provider Reference Modules](#) page for more information regarding retroactive PA.
- When PA requests are “returned to provider (RTP),” be sure to submit the corrected PA request in its entirety

## Requesting PA on the Portal

Prior authorization requests can be submitted electronically through the IHCP, which is accessible from the home page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). For your convenience, you can request prior authorization for multiple services in one submission. Follow these tips when submitting prior authorization requests via the Portal:

- If the request is submitted by a provider type other than those listed in *405 IAC 5-3-10*, the requester must include a signed and dated physician's order with the request. This additional documentation may be uploaded as an attachment or sent by fax or mail.
- Although diagnosis code is not a required field on the Portal, diagnosis codes are required on all PA requests other than for dental services.
- The Portal will accept units or dollar amounts for PA requests.
- There is a 5 MB limit on attachments per authorization request. If you are submitting supporting documentation by mail or fax instead of uploading it to the Portal, be sure to do the following:
  - Note in the Message field the method by which the documentation is being sent (the Transmission Method drop-down menu for PA attachments does not include options for mail or fax).
  - Include the PA number, member name, and Member ID on the attachment so the IHCP can match the PA request with its accompanying documentation.
- When searching for a member's PA, it is best to enter only a few characters in the search field, rather than entering the member's complete name. The system searches for an exact name match, so if, for instance, you type "Johnathan" in the First name field, and the name is "John" in the system, the system will give you an error message because the names did not match.
- On the Portal, you can create a favorite providers list – a compilation of up to 20 frequently used facilities and providers that will "autopopulate" Portal PA fields for quick assignment when you request PA. This list of favorites can be sorted by provider name or ID.

For more information about requesting PA in the Portal, see the [Provider Healthcare Portal: Prior Authorizations](#) web-based training and the [Prior Authorization](#) provider reference module, both available at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

## Requesting PA via paper

If submitting PA requests via the paper form, remember these tips:

- PA requests and documentation that have been faxed multiple times are often illegible when received. When submitting fax documents to the PA vendor, it may be helpful to also submit an unsigned clear copy of the request for review marked "for clarity only." The clarity document does not require a signature.
- For PA update requests submitted by mail or by phone, remember to always include the PA number, member name, and Member ID to prevent duplicate PA requests in the PA database. Duplicate requests in the database result in the mailing of multiple notification (decision) letters. PA forms submitted by providers other than those indicated in *Indiana Administrative Code 405 IAC 5-3-10* require a physician's signature and date. PA forms that are not signed and dated will suspend, delaying services.
- Ensure that the National Provider Identifier (NPI) or IHCP Provider ID, Member ID, and other information are correct on PA forms. Remember that the ICD diagnosis code must be listed for all PA requests, except for dental services. Service codes must be valid, including modifiers.

- If submitting PA requests by fax, each faxed submission must:
  - Contain only one PA request or modification of an existing request, for one IHCP member, per provider
  - Not exceed 999 pages, including supporting documents

For more information about requesting PA via the paper form, see the [Prior Authorization](#) provider reference module.